

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	10					
12	10					
13	10					
14	10					
15	10					
16	10					
17	10					
18	10					
19	10					
20	10					
21	10					
22	10					
23	10					
24	1.0					
25	1.0					
26	1.0					
27	1.0					
28	/					
29	/					
30	/					
31	/					
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33	/					
34	/					
35	/					
36	10					
37	10					
38	10					
39	10					
40	10					
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46	10					
47	/					
48	/					
49	/					
50						

TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

202

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51					
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

202

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